

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO	FILED DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST ASSESSMENT		AFTER 2ND ASSESSMENT			
	DID	DEP	DID	DEP	DID	DEP	DID	DEP
1	1		1					
2		1		1				
3		2		2				
4		2		2				
5		0		0				
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TOTAL IND.	2		2					
TOTAL DEP.	17		17					
TOTAL CLAIMS	19		19					